PLEASE TYPE OR PRINT

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☐ Mr. Artist _	ROSE	110	HY
		_ (Last Name Last)
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Zip	Area Code		
Temporary			
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Collaborator	(If Any)		
Artist will p Museum sho	t accepted or not so pick up entries at M puld dispose of entr puld ship entries to	luseum. ries.	at this address:

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Rose Tichus

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1973 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	ROSE TICHY
Address	7537 BRIARCLIFF PRWY
	CLEVELAND OHID Zip 44130

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

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